SENDER WILL CHECK CLASS CATION TOP AND BOTTOM APPROVED TO BOTTOM APPRO CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP TO NAME AND ADDRESS INITIALS DATE 25X1 1 2 3 4 5 ACTION DIRECT REPLY PREPARE REPLY **APPROVAL** DISPATCH RECOMMENDATION COMMENT FILE RETURN CONCURRENCE INFORMATION SIGNATURE Remarks: Enclosed are six copies of the draft memorandum on blanket waivers for your study and that of the Committee. 25X1A9A FOLD HERE TO RETURN TO SENDER 25X1A9A0M: NAME, ADDRESS AND PHONE NO. DATE 25X1

FORM NO. 237 Replaces Form 30-4 which may be used.